

Exhibit B

Harrison County Adult Detention Center
George Payne, Sheriff
Use of Force Report

Pressure Point Control Target Areas	Chemical Spray Target Area												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Effects of Chemical Spray</th> </tr> </thead> <tbody> <tr> <td style="width:50%;"> 26) Was Spray Effective? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="width:50%;"> Were Further Control Methods Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td> Number of Times Sprayed: </td> <td> Approximate distance from subject: </td> </tr> <tr> <td> Eyes: <input type="checkbox"/> closure <input type="checkbox"/> tears <input type="checkbox"/> No effect </td> <td> Skin: <input type="checkbox"/> Redness <input type="checkbox"/> Burning <input type="checkbox"/> No effect </td> </tr> <tr> <td> Nose: <input type="checkbox"/> Discharge <input type="checkbox"/> Irritation <input type="checkbox"/> No effect </td> <td> Chest: <input type="checkbox"/> Coughing <input type="checkbox"/> Labored Breathing </td> </tr> <tr> <td> O.C. Spray administrative warning? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td> Decontamination: Start Time: _____ End Time: _____ </td> </tr> </tbody> </table>		Effects of Chemical Spray		26) Was Spray Effective? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Further Control Methods Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Times Sprayed:	Approximate distance from subject:	Eyes: <input type="checkbox"/> closure <input type="checkbox"/> tears <input type="checkbox"/> No effect	Skin: <input type="checkbox"/> Redness <input type="checkbox"/> Burning <input type="checkbox"/> No effect	Nose: <input type="checkbox"/> Discharge <input type="checkbox"/> Irritation <input type="checkbox"/> No effect	Chest: <input type="checkbox"/> Coughing <input type="checkbox"/> Labored Breathing	O.C. Spray administrative warning? <input type="checkbox"/> Yes <input type="checkbox"/> No	Decontamination: Start Time: _____ End Time: _____
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P.P. — Pressure point H.E.H. — Hard empty hand I.W. — Impact Weapon													
Variables affecting levels of control 1. Officer / subject size and gender 2. Environmental conditions and totality of circumstances 3. Reaction time													
This section to be completed by Medical staff only!													
27) Injuries Sustained by officer: <input type="checkbox"/> yes <input checked="" type="checkbox"/> No Explain: _____													
28) Injuries Sustained by Inmate: <input type="checkbox"/> yes <input checked="" type="checkbox"/> No Explain: _____													
29) Location of Examination: <u>Bookroom</u> Time of Examination: <u>1125</u>													
30) Examined by: <u>[Signature]</u> Badge #: _____ Staff Name: _____													
31) Medical treatment administered: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: _____													
32) Signature of Physician: _____													
33) Narrative: <u>Inmate was verbally aggressive.</u> _____ _____ _____ _____													
34) Inmate Classification: <input type="checkbox"/> Juvenile <input checked="" type="checkbox"/> Minimum security <input type="checkbox"/> Medium <input type="checkbox"/> Maximum security <input type="checkbox"/> Inmate worker													
35) Reviewing Shift Lieutenant: No. _____ Name: _____													
Division: _____													
36) Disposition: <input type="checkbox"/> Closed <input type="checkbox"/> Open <input type="checkbox"/> Under review													

Inmate file _____ Director of Corrections _____ Captain of Security _____ Inmate medical file _____ Shift Records _____ Officer file _____

Harrison County Adult Detention Center

George Payne, Sheriff
Use of Force Report

1) Date: <u>6/17/06</u>		2) Time: <u>11:20 AM</u>		3) Location: <u>Booking</u>		4) Incident Number	
5) Inmate's Name: <u>Carubba, Marquerite</u>				6) Date of Birth:		7) Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
8) Docket Number: <u>287022</u>		9) Block:		10) Section:		11) Cell:	
12) Reason for use of Force: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Necessary to defend another officer <input type="checkbox"/> Necessary to defend another inmate <input checked="" type="checkbox"/> To prevent violent behavior </div> <div> <input type="checkbox"/> To restrain for inmate's safety <input type="checkbox"/> Other: </div> </div>							
13) Was inmate injured? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		14) Transported? <input type="checkbox"/> yes <input checked="" type="checkbox"/> No		15) Destination:		16) Screened by medical? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17) # of inmates that resisted:		18) # of officers present:		19) Supervisor notified / time:		20) Notified supervisor's signature:	
21) At the time of the incident, the inmate was: <input checked="" type="checkbox"/> Hostile Behavior <input checked="" type="checkbox"/> Suspected under the influence of alcohol / drugs <input type="checkbox"/> Mentally impaired <input type="checkbox"/> Other:							
22) Describe the inmate's injuries:							
23) Levels of resistance: <div style="margin-top: 10px;"> <input type="checkbox"/> Psychological Intimidation: Explain: _____ (non-verbal cues indicating inmate's attitude or physical readiness) </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Verbal-Non Compliance: Explain: <u>Refusing to comply</u> (verbal responses or threats of non-compliance to officer's directions) </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Passive Resistance: Explain: _____ (dead weight or clinging to objects in an attempt to prevent the officer from gaining control) </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Defensive Resistance: Explain: _____ (pushing, pulling, or running away from the officer to avoid control; never attempting to harm the officer) </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Active Aggression: Explain: _____ (physical actions of assault) </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Aggravated Active Aggression: Explain: _____ (assaults with a weapon) </div>							
24) Levels of Control: (Officer Presence is Implied) <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Verbal Direction: Explain: <u>loud clear verbal commands</u> (commands of direction) </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Empty Hand Control (<input checked="" type="checkbox"/> Soft <input type="checkbox"/> Hard): Explain: <u>Attempting to hold in mat against wall</u> </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> physical touch <input checked="" type="checkbox"/> joint locks <input type="checkbox"/> pressure points <input type="checkbox"/> hand strikes <input type="checkbox"/> leg strikes </div> <div style="margin-top: 10px;"> Body Part: <u>arm, right</u> Body Part: </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Intermediate Weapons: (Chemical etc.): </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Impact Weapons: (primary or alternative): </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Lethal Force: specify: (Firearms or other lethal force employed): </div>							
25) Reporting Officer No. <u>310</u> Name: <u>Priest</u>		Division <u>Booking</u>		Reviewing supervisor: No. Name:		Disposition Date: Page: _____ of _____	

Inmate file _____ Director of Corrections _____ Captain of Security _____ Inmate medical file _____ Shift Records _____ Officer file _____

HARRISON COUNTY SHERIFF'S DEPARTMENT

GEORGE PAYNE, SHERIFF

<input type="checkbox"/> Juvenile Involved	Harrison County Sheriff's Office NARRATIVE FORM		Case #
<input checked="" type="checkbox"/> Original Report	Incident/Crime: Information	Date of This Report 06/17/06	Date of Original Report 06/17/06
<input type="checkbox"/> Offense Supplement	List Complaint Numbers of Connected Cases		
<input type="checkbox"/> Custody Supplement			
<input type="checkbox"/> RVR Supplement	Suspect / Victim Name: Booking:		

On Saturday, June 17th 2006 at approximately 1050 hours, inmate Marquerite Carruba, #287022, became disruptive while in holding cell 8. Carruba refused multiple instructions to calm down and to stop hitting the glass. As a result of her actions, Deputies Priest and Stolze attempted to place Carruba in restraints. Carruba refused commands to turn around and place her hands behind her back, at which time Deputy Priest used an arm lock in order to place Carruba against the wall to secure the restraints. Carruba was secured in holding cell seven in restraints. Several minutes later, Deputy Priest observed Carruba walking around the holding cell, apparently free of the restraints. Deputy Priest re entered holding cell seven in order to secure the restraints on Carruba. Carruba refused verbal commands to stand up and place her hands behind her back, at which time Deputy Priest applied an arm bar and too Carruba down to the floor in a controlled manner. Deputy Priest secured the restraints behind Carruba and secured them to the bench in the cell. Medical was contacted and responded to evaluate Carruba.

1120: Inmate yelling and banging on the bench.

1145: Inmate banging shackles on floor.

1230: Inmate removed from restraints.

No further action taken. End of narrative.

DISPOSITION

- A. Cleared Adult Arrest ☐
 B. Cleared Exceptional Adult ☐
 C. Cleared Juvenile Custody ☐
 D. Cleared Exceptional Juvenile ☐
 E. Unfounded ☐
 F. Other-Cleared Exceptional ☐
 G. Suspended Closed ☐

Reporting Officer: No: 310 Name: Priest	Division: HCADC-Booking	Reviewing Supervisor No: Name:	Disposition Date
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